

results. I think this solution is not widely enough known in the profession; but I feel certain that in cases of insomnia and delirium tremens, as a hypnotic agent, it stands pre-eminent.

TREATMENT OF CANCER OF THE STOMACH.—Dr. Brissaud says, *All. Med. Zeit.*, that it has been known for a long time that solutions of chloride of sodium possess curative properties in epitheliomata of the mouth, and certain cancroids of the nose. On the ground of these observations, the author has employed this treatment in cases of cancer of the stomach. Owing to the limited solubility of the chloride of potassium and its comparative poisonous character the sodium salt was selected, which is less toxic and can be injected without risk in quite large doses. The chloride of sodium dissolves in three parts of water, while the potassium requires twenty parts of water for solution. As regards the dosage, 8–16 grammes were given daily. As the results of this treatment the pains were relieved, and some of the gastric symptoms disappeared, sometimes so permanently, that it seemed almost as if a cure had been effected.

SUDDEN DEATH TO FLIES.—“Come inside a minute,” said a Fourth Avenue dealer in pianos yesterday afternoon. “I have discovered the greatest fly-trap on earth and I want to show it to you.” *Scientific Am.* He led the way to an instrument at the rear of the store, on which was a newspaper. On the paper had been placed a bunch of sweet peas. At least a thousand dead flies were lying on the paper in the immediate vicinity of the bunch of flowers. “I threw these here by chance,” he continued, “and in about ten minutes I happened to notice that every fly that alighted on the flowers died in a very short time.” Even as he spoke a number of the insects which had stopped to suck the deadly sweet had toppled over dead. They alighted with their usual buzz, stopped momentarily, quivered in their legs, flapped their wings weakly several times, and then gave up the ghost.

TREATMENT OF HYDROCELE.—Neumann, *Fort. der Med.; Br. Med. Jour.*, advocates a method of treating hydrocele which in his hands has been most successful. Under strict antiseptic precautions, a trocar and cannula are inserted; the latter

is pushed home, and the fluid having been allowed to escape, the cannula is allowed to remain for two days, the whole being wrapped in cotton wool. After removing the cannula, a cooling lotion is applied, and adhesions of the walls is completed in seven to nine days, without inflammation or supuration. Neumann believes that, owing to the presence of the cannula and the altered conditions of pressure produced, a slight exudation of leucocytes takes place, leading to the formation of a fibrinogenous ferment and the occlusion of the sac. The advantages lie in the small amount of time required, the little inconvenience caused, and the certainty of cure.—Theodor, *Archiv f. Kinderheilkunde*, 17, 1-2, 1893, records 36 successive cases of infantile hydrocele which he treated by emptying the sac with a Pravaz syringe, exerting slight pressure on the scrotum and allowing the fluid to escape through the needle. The author then injects two syringefuls of a 1 in 5,000 solution of perchloride of mercury, withdraws the needle, and closes the aperture with plaster. On the next day a slight swelling will be found, but without redness or pain. No recurrence took place in these cases, though in a control series of 36 children previously treated by the older methods, the usual percentages of reappearance were observed. The treatment has the advantage of being painless, always applicable, and apparently the effect of the operation is permanent. The ages of the children varied from two weeks to eight years.

A MECHANICAL TREATMENT OF ERYSIPELAS.—Dietz, *Therap. Monatsh., Br. Med. Jour.*, has tried the medical treatment of erysipelas advocated by Kroell. He surrounded the arm (which was the seat of the affection) with a narrow strip of adhesive plaster at a distance of one-half centimetre from the reddened area. On the following day after the removal of the plaster, the œdema was seen to cease abruptly at its lower border, excepting on the inner surface of the arm, where at the situation of the vessels, etc., the plaster had purposely not been applied so tightly, and where the erysipelas had crept up the breadth of two fingers towards the axilla. A fresh band was therefore fixed more tightly immediately above the point, supplemented on the following day by a second one immediately above the former, the possibility of some loosening being taken into con-